

**CONGRESSMAN ADAM B. SCHIFF**  
**CONGRESSIONAL CASEWORK AUTHORIZATION FORM**  
*Under the provisions of the privacy act of 1974*



**Please Type or Print Only 請以英文正體字書寫**

Name 姓名: ☐ Mr. ☐ Mrs. ☐ Ms \_\_\_\_\_

Current Residential Address 地址: \_\_\_\_\_

City 城市: \_\_\_\_\_ State 州: \_\_\_\_\_ Zip 郵遞區號: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone 電話: \_\_\_\_\_

Social Security Number 社會安全號碼: \_\_\_\_\_

Date of Birth 出生日期: \_\_\_\_\_

Federal Agency Involved 您案子涉及的聯邦單位: \_\_\_\_\_

Are you a veteran 您是否為退役軍人? ☐ Yes 是 ☐ No 否

What Branch of Service 您在軍中的單位: \_\_\_\_\_

I request the assistance of Congressman Adam B. Schiff in the following federal matter:

我本人請謝安達眾議員為我處理查詢以下事務(請簡述您的內容，並附上相關的文件影本。若以下空格不足，歡迎附加更多頁數說明本案)

**Please answer the following questions 請勾選以下問題:**

Have you previously contacted our office regarding this matter?

您過去是否有為此案件連絡過我們辦公室?

☐ Yes 是 ☐ No 否

Have you appealed the agency decision on this matter?

您有向相關單位上訴過本案件?

☐ Yes 是 ☐ No 否

Are you represented by an attorney in this matter?

您是否有律師代表您辦理此案?

☐ Yes 是 ☐ No 否

If so, may we discuss your case with your attorney?

若您有律師，我們是否可與您律師討論本案件?

☐ Yes 是 ☐ No 否

Congressman Schiff and his staff may discuss my case with the following individuals:

謝安達眾議員可與以下人士討論我的案子: \_\_\_\_\_

I authorize Congressman Adam B. Schiff and his staff to act on my behalf to transmit and/or receive information pertinent to my request for assistance. Also, I understand that I am not required to make payment, in any form, for services rendered to me from the Office of Rep. Adam Schiff.

我授權眾議員謝安達以及其同仁代表我本人辦理此案。我也了解聯邦單位為我查詢案件是完全免費，我無須以任何形式支付任何費用給謝安達眾議員的辦公室。

Signature 簽名: \_\_\_\_\_ Date 日期: \_\_\_\_\_

本表填妥後，請附上相關文件並寄至：

Congressman Adam B. Schiff  
87 N. Raymond Ave., Suite 800  
Pasadena, CA 91103  
或傳真至：(626) 304-0572

Rev. 8/11/2008 YH